

**ATTACH LICENSE HERE**  
Mail Original Form with all  
signatures to Commission office  
at the address below.



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
**REAL ESTATE COMMISSION**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

**REQUEST FOR TRANSFER/ INACTIVE STATUS/ TERMINATION OR CANCELLATION OF LICENSE**

**1. Select type of request (check one):**

- ☐ Request for Transfer - Complete Section A.  
☐ Request for Inactive Status - Complete Section B.  
☐ Request for Termination by Releasing Broker - Complete Section C.  
☐ Cancellation of License - Complete Section D.

**2. Licensee Name:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**3. Licensee E-mail Address:** \_\_\_\_\_

**SECTION A: REQUEST FOR TRANSFER**

Note: You may transfer a *resident* license only to a *resident* broker or a *nonresident* license only to a *nonresident* broker.

REQUEST TO BE SIGNED BY TRANSFERRING LICENSEE

***Transfer my license to the office of the undersigned Broker whose employ I will enter upon receipt of this request by the Commission Office.***

**Transferring Licensee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

STATEMENT TO BE SIGNED BY EMPLOYING BROKER OF RECORD

***I request that the above licensee be transferred to my office.***

**Signature of Employing Broker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Employing Broker:** \_\_\_\_\_ **Broker's DE License Number:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Street

City

State

Zip

STATEMENT TO BE SIGNED BY RELEASING BROKER OF RECORD

***I release the above licensee from my office. The current license and pocket card are attached.***

**Signature of Releasing Broker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Releasing Broker:** \_\_\_\_\_ **Broker's DE License Number:** \_\_\_\_\_

- ☐ Enclose \$16.00 transfer fee.  
☐ Attach original license and pocket card to this original request form.  
☐ If request is for *nonresident* broker license transfer, attach an original *Certificate of Licensure History*.

**REQUESTS NOT ACCOMPANIED BY THE REQUIRED FEE AND DOCUMENTS WILL BE REJECTED.**

## SECTION B: REQUEST FOR INACTIVE STATUS

Note: You must renew Inactive status by April 30 of even years. To reactivate, you must complete continuing education accrued during inactive period.

### REQUEST TO BE SIGNED BY REQUESTING LICENSEE

**Place my license on Inactive Status through April 30 of the current period.**

**Licensee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street City State Zip

**E-mail Address:** \_\_\_\_\_

### STATEMENT TO BE SIGNED BY RELEASING BROKER OF RECORD

**I release the above licensee from my office to inactive status. His/her license and pocket card are attached.**

**Signature of Releasing Broker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Broker:** \_\_\_\_\_ **Broker's DE License Number:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

- ☐ **Enclose \$22.00 inactive license fee.**  
☐ **Attach original license and pocket card to this original request form.**

**REQUESTS NOT ACCOMPANIED BY THE REQUIRED FEE AND DOCUMENTS WILL BE REJECTED.**

## SECTION C: REQUEST FOR TERMINATION BY RELEASING BROKER

**I release the above licensee from my office to be terminated. His/her license and pocket card are attached.**

**Termination Date:** \_\_\_\_\_

**Signature of Releasing Broker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Broker:** \_\_\_\_\_ **Broker's DE License Number:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Licensee Home Address:** \_\_\_\_\_  
Street City State Zip

- ☐ **Attach original license and pocket card to this original request form. NO FEE REQUIRED**

**REQUESTS NOT ACCOMPANIED BY THE REQUIRED DOCUMENTS WILL BE REJECTED.**

## SECTION D: CANCELLATION OF LICENSE BY LICENSEE

**I request cancellation of my above referenced license. I attach my license and pocket card.**

**Licensee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street City State Zip

- ☐ **Attach original license and pocket card to this original request form. NO FEE REQUIRED**

**REQUESTS NOT ACCOMPANIED BY THE REQUIRED DOCUMENTS WILL BE REJECTED.**